



# Abbey Veterinary Services

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RETURN ADDRESS (please ensure you include your address below)

**PLEASE TICK TESTS REQUIRED**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Histology      | <input type="checkbox"/> Cytology            | <input type="checkbox"/> Bone Marrow Smear    |
| <input type="checkbox"/> Skin Scrape    | <input type="checkbox"/> Cerebrospinal Fluid | <input type="checkbox"/> Calculus Analysis    |
| <input type="checkbox"/> Fungal Culture | <input type="checkbox"/> Bacterial Culture   | <input type="checkbox"/> Post Mortem Material |

- Clinical Pathology / Haematology (Please specify overleaf)  
*n.b. Only one charge is made for multiple interpretations*

**DIFFERENTIAL DIAGNOSIS**

**CLINICAL HISTORY**

Continue overleaf if necessary

LAB REFERENCE \_\_\_\_\_  
DATE RECEIVED \_\_\_\_\_

SUBMITTING VET \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

ANIMAL I.D. \_\_\_\_\_

SPECIES \_\_\_\_\_

BREED \_\_\_\_\_

AGE \_\_\_\_\_


SEX \_\_\_\_\_

No. OF PIECES SUBMITTED \_\_\_\_\_

TISSUE SUBMITTED \_\_\_\_\_

No. OF CONTAINERS \_\_\_\_\_

**DISTRIBUTION OF LESIONS**  
(If Applicable)



VENTRAL
DORSAL

**ADDITIONAL IMPORTANT INFORMATION**

TIME SINCE LAST HEAT \_\_\_\_\_

RECENT THERAPY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A LABORATORY CHARGE OF**  
**£ : WILL BE ADDED TO**  
**YOUR NEXT INVOICE**  
VAT TO BE ADDED AT CURRENT RATE

## MICROBIOLOGY

Sample(s) submitted: \_\_\_\_\_

- Bacterial culture & Sensitivity
- Fungal Culture
- Full urinalysis (or specify urine exam(s) required): \_\_\_\_\_
- Full faecal analysis (or specify faecal exam(s) required): \_\_\_\_\_
- Other microbiology exam(s); specify tests required: \_\_\_\_\_
- Recent antimicrobial therapy? (drug/last administered): \_\_\_\_\_

## HAEMATOTOLOGY

Sample(s) submitted \*:  EDTA  CITRATE  CLOT  OTHER:

- FBC & film
- Reticulocyte count
- PT & APTT  Interpretation Required<sup>†</sup>
- D-Dimers
- Coomb's test
- Fibrinogen
- Other haematology (specify test(s) required): \_\_\_\_\_

## CLINICAL CHEMISTRY

Sample(s) submitted \*:  CLOT  HEPARIN  FLU/OX  OTHER:

- Full biochemical profile
- Diabetes screen/monitoring
- Pancreatitis screen  Interpretation Required<sup>†</sup>
- cPLi/fPLi
- Bile acid stimulation test
- Fructosamine
- B12/Folate/TLI (specify combination or all)
- Phenobarbitone and/or bromide
- Proteins and electrophoresis
- Urine chemistry (specify test(s) required): \_\_\_\_\_
- Other clinical chemistry (specify test(s) required): \_\_\_\_\_

## ENDOCRINOLOGY

Sample(s) submitted \*:  CLOT  URINE  OTHER:  Interpretation<sup>†</sup>

Tests required (specify): \_\_\_\_\_

## OTHER CLINICAL PATHOLOGY ANALYSES

Sample(s) submitted: \_\_\_\_\_

Tests required (specify): \_\_\_\_\_

\* Please refer to the price list for test requirements

<sup>†</sup> Only one charge is made for multiple interpretations